

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink

| | | |
|------------|--------------------|-----|
| Date Stamp | CALIFORNIA FORM | 460 |
| COVER PAGE | | |

| | | | |
|---|--|---|--|
| INSTRUCTIONS ON REVERSE | | Statement covers period from <u>10/22/2006</u> through <u>12/31/2006</u> | |
| <p>Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.</p> <p><input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee <input type="checkbox"/> Primarily Formed Ballot Measure Committee</p> <p><input type="radio"/> State Candidate Election Committee <input type="radio"/> Controlled</p> <p><input type="radio"/> Recall <input type="radio"/> Sponsored</p> <p>(Also Complete Part 5)</p> <p><input type="checkbox"/> General Purpose Committee <input type="checkbox"/> Primarily Formed Candidate/ Officeholder Committee</p> <p><input type="radio"/> Sponsored <input type="radio"/> (Also Complete Part 6)</p> <p><input type="radio"/> Small Contributor Committee</p> <p><input type="radio"/> Political Party/Central Committee <input type="radio"/> (Also Complete Part 7)</p> | | | |

1. Type of Recipient Com

- | | | | |
|-------------------------------------|--|--------------------------|--|
| <input checked="" type="checkbox"/> | Officeholder, Candidate Controlled Committee | <input type="checkbox"/> | Primarily Formed Ballot Measure Committee |
| <input type="radio"/> | State Candidate Election Committee | <input type="radio"/> | Controlled |
| <input type="radio"/> | Recall <i>(Also Complete Part 5)</i> | <input type="radio"/> | Sponsored <i>(Also Complete Part 6)</i> |
| <input type="checkbox"/> | General Purpose Committee | <input type="checkbox"/> | Primarily Formed Candidate/ Officeholder Committee <i>(Also Complete Part 7)</i> |
| <input type="radio"/> | Sponsored | | |
| <input type="radio"/> | Small Contributor Committee | | |
| <input type="radio"/> | Political Party/Central Committee | | |

3. Committee Information

סוממיינַטְלָגְמָן (פֿרְנָסְבָּאָרְגָּה) וְעַמְּבָדְלָה (פֿרְנָסְבָּאָרְגָּה).

ALICE Preliminary 10² GeV collision

STREET ADDRESS (NO P.O. BOX)

2450 Professional Pkwy, Suite 220
CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT) NO AND STREET OR PO BOX

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE NUMBER _____

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 1-23-07

g is true and correct:
By Travis D. Smith
Signature of Controlling Officerholder, Candidate, State Measure Proponent or Respondent
By Rich M. Hahn
Signature of Treasurer or Assistant Treasurer

Signature of Controlling Officeholder, Candidate, State Measure Proposer

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/227-3772)

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2
CALIFORNIA 460 FORM

Page 2 of 8

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Alice Patino

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

City Council Member
City of Santa Maria

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

2450 Professional Pkwy, Suite 220 Santa Maria, CA 93455

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME _____ I.D. NUMBER _____

NAME OF TREASURER CONTROLLED COMMITTEE?

YES NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
|-------------------------------------|-----------------------|---|
| COMMITTEE NAME | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| NAME OF TREASURER | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| COMMITTEE ADDRESS | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE |
| CITY STATE ZIP CODE AREA CODE/PHONE | | |

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Alice Patino for City Council

Statement covers period
from 10/22/2006 through 12/31/2006

Page 3 of 8
I.D. NUMBER
1227669

Contributions Received

Column A
(FROM ATTACHED SCHEDULES)

Column B
TOTAL THIS PERIOD
CALENDAR YEAR
TOTAL TO DATE

| | | | |
|---------------------------------------|--------------------|------------------|---------------------|
| 1. Monetary Contributions | Schedule A, Line 3 | \$ <u>870.00</u> | \$ <u>25,652.00</u> |
| 2. Loans Received | Schedule B, Line 3 | \$ <u>0.00</u> | \$ <u>0.00</u> |
| 3. SUBTOTAL CASH CONTRIBUTIONS | Add Lines 1 + 2 | \$ <u>870.00</u> | \$ <u>25,652.00</u> |
| 4. Nonmonetary Contributions | Schedule C, Line 3 | \$ <u>0.00</u> | \$ <u>0.00</u> |
| 5. TOTAL CONTRIBUTIONS RECEIVED | Add Lines 3 + 4 | \$ <u>870.00</u> | \$ <u>25,652.00</u> |

Expenditures Made

| | | | |
|--|----------------------|--------------------|---------------------|
| 6. Payments Made | Schedule E, Line 4 | \$ <u>7,507.23</u> | \$ <u>23,774.29</u> |
| 7. Loans Made | Schedule H, Line 3 | \$ <u>0.00</u> | \$ <u>0.00</u> |
| 8. SUBTOTAL CASH PAYMENTS | Add Lines 6 + 7 | \$ <u>7,507.23</u> | \$ <u>23,774.29</u> |
| 9. Accrued Expenses (Unpaid Bills) | Schedule F, Line 3 | \$ <u>0.00</u> | \$ <u>0.00</u> |
| 10. Nonmonetary Adjustment | Schedule C, Line 3 | \$ <u>0.00</u> | \$ <u>0.00</u> |
| 11. TOTAL EXPENDITURES MADE | Add Lines 8 + 9 + 10 | \$ <u>7,507.23</u> | \$ <u>23,774.29</u> |

Current Cash Statement

| | | | |
|---|---|--------------------|--|
| 12. Beginning Cash Balance | Previous Summary Page, Line 16 | \$ <u>9,720.93</u> | |
| 13. Cash Receipts | Column A, Line 3 above | \$ <u>870.00</u> | |
| 14. Miscellaneous Increases to Cash | Schedule I, Line 4 | \$ <u>0.00</u> | |
| 15. Cash Payments | Column A, Line 8 above | \$ <u>7,507.23</u> | |
| 16. ENDING CASH BALANCE | Add Lines 12 + 13 + 14, then subtract Line 15 | \$ <u>3,083.70</u> | |

If this is a termination statement, Line 16 must be zero.

Cash Equivalents and Outstanding Debts

| | | |
|-----------------------------|-----------------------------|----------------|
| 18. Cash Equivalents | Schedule B, Part 2 | \$ <u>0.00</u> |
| 19. Outstanding Debts | See instructions on reverse | \$ <u>0.00</u> |

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Amounts in this section may be different from amounts reported in Column B.

Schedule A
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A
CALIFORNIA FORM 460

| Statement covers period from <u>10/22/2006</u> | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---|---|--|
| through <u>12/31/2006</u> | I.D. NUMBER <u>1227669</u> | Page <u>4</u> of <u>8</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Alice Patino

for City Council

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|---|---|---|-----------------------------|---|---------------------------------------|
| 10/30/2006 | James Buttery 1102 Laurel Lane San Luis Obispo, CA 93401 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Lawyer Andre Morris & Buttery | 100.00 | 100.00 | |
| 10/30/2006 | Charles Porter 10200 Alamo Creek Road Santa Maria, CA 93454 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Farmer Alamo Farming | 500.00 | 500.00 | |
| 11/01/2006 | Lee Jansen 2927 Deer Trail Place Solvang, CA 93463 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | 250.00 | 250.00 | |
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Schedule E Payments Made

Type or print in ink.
**Amounts may be rounded
to whole dollars.**

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Alice Palino for City Council

| | |
|--------------------------------|-------------------------------|
| Statement covers period | CALIFORNIA FORM 460 |
| from <u>10/22/2006</u> | Page <u>5</u> of <u>8</u> |
| through <u>12/31/2006</u> | I.D. NUMBER <u>1227669</u> |

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | |
|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications |
| CNS campaign consultants | MTC meetings and appearances |
| CTB contribution (explain nonmonetary)* | OFC office expenses |
| CVC civic donations | PET petition circulating |
| FIL candidate filing/ballot fees | PHO phone banks |
| FND fundraising events | POL polling and survey research |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services |
| LEG legal defense | PRO professional services (legal, accounting) |
| LIT campaign literature and mailings | PRT print ads |

| NAME AND ADDRESS OF PAYEE (If committee, also enter I.D. number) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Knight Broadcasting 1693 Mission Drive Solvang CA 93463 | RAD | | | 598.00 |
| VTC Enterprises 2445 'A' Street Santa Maria CA 93455-56 | LIT | | | 5,343.35 |
| Santa Maria Times 3200 Skyway Drive Santa Maria CA 93456 | PRT | | | 800.40 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 6,741.75

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$ 7,486.17
2. Unitemized payments made this period of under \$100 \$ 21.06
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$ 7,507.23**

**Schedule E
(Continuation Sheet)
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Alice Patino for City Council

| Statement covers period | | CALIFORNIA FORM 460 |
|-------------------------|------------|-------------------------------|
| from | through | Page <u>6</u> of <u>8</u> |
| 10/22/2006 | 12/31/2006 | ID NUMBER 1227669 |

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LFG legal defense
LT campaign literature and mailings

MER member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads

RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|---------------------------|
| Linda Williams 1675 Kronen Way Solvang CA 93643 | MTG | Marian Medical Dinner | |
| Linda Williams 1675 Kronen Way Solvang CA 93643 | | Reimbursement | |
| Benedetti & Associates, CPA, Inc 2151 S College Drive, Suite 101 Santa Maria CA 93455 | PRO | | |
| | | | SUBTOTAL \$ 744.42 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

Alice Patino for City Council

NAME OF AGENT OR INDEPENDENT CONTRACTOR

VTC Enterprises

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CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | |
|---|---|
| * Payments that are contributions or individual expenses | CNS campaign consultants |
| | CTB contribution (explain nonmonetary) |
| | CVC civic donations |
| | FIL candidate filing/ballot fees |
| | FND fundraising events |
| | IND independent expenditure supporting |
| | LEG legal defense |
| | LT campaign literature and mailings |

- payments that are contributions or independent expenditures must also be summarized on Schedule B;

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE ALSO ENTER I.D. NUMBER) | CODE OR | | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|--|---------|---------|------------------------|-------------|
| | POS | Postage | | |
| USPS 201 E Battles RD Santa Maira CA 93455 | | | | 1,798.80 |

Attach additional information on appropriately labeled continuation sheets.

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Schedule G**Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)**

Type or print in ink.
Amounts may be rounded
to whole dollars.

| | | | |
|-------------------------|------------|-------------|------------|
| Statement covers period | | CALIFORNIA | 460 |
| from | 10/22/2006 | FORM | |
| through | 12/31/2006 | Page | 8 of 8 |
| | | I.D. NUMBER | 1227669 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Alice Patino for City Council

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Linda Williams

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBC | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTC | meetings and appearances | RFO | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, e-mail) |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

| NAME AND ADDRESS OF PAYEE OR CREDITOR (If committee, also enter I.D. number) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Staples 2170 S Bradley Road Santa Maria CA 93454 | PRT | | Printing | 122.53 |

Attach additional information on appropriately labeled continuation sheets.

TOTAL * \$ 122.53

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.